			Best A	Vail	abl	e Cor	W _					·
	PATENT A	APPLICATIO	-	ETERM	INATI	•,	RD	A	opplication	or D	76, <i>3</i>	ber 25 9
CLAIMS AS			(Column 1) (Column 2)					SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			19	19				RATE	FEE	1	RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA		ВА	SIC FE	370.00	OR	BASIC FEE	740.00	
τo	TOTAL CHARGEABLE CLAIMS		9 mir	nus 20=	· 0	0		X\$ 9=		OR	X\$18=	
INC	EPENDENT CL	AIMS	'3 minus 3 = * ○				X42=			OR	X84=	•
MU	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT					445		1	222	
• 11	If the difference in column 1 is less than zo		ero, enter "0" in column 2		L	140= OTAL	<u> </u>	OR	+280= TOTAL			
	ic.	LAIMS AS A	MENDER) - PAR	T II		•	OIAL	L	UN	OTHER	THAN
		(Column 1)		(Colu		(Column 3)	S	MALL	ENTITY	OR	SMALL	
ENTA		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	. [RATE	ADDI- TIONAL FER		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 19	Minus	** 0	20	=		(\$ 9=		OR	X\$18=	1
AME	Independent	. 3	Minus	***	3	= /	:	K42 =	/	OR	X84=	
L.	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDENT	CLAIM			140=		OR	+280=	
							L.	TOTAL	.`	00	TOTAL	-
		(Column 1)		(Colu	mn 2)	(Column 3)	ADI	OIT. FEE			ADDIT. FEE	
DMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA	f	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MQ	Total	•	Minus	**		=		(\$ 9=		OR	X\$18=	
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M	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENĎENI	CLAIM					OR		
							L	140=		OR	+280=	
							ADE	TOTAL IT, FEE		OR	TOTAL Addit. Fee	
		(Column 1)		(Colur		(Column 3)	l <u>.</u>					
MENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
12		I	l .	1								

Total Minus Minus Independent FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

ADDIT. FEE

OR

ADDIT.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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OR

OR

OR

X\$18=

X84=

+280=

ADDIT. FEE

TOTAL

X\$ 9=

X42=

+140=

TOTAL

ONDITIONAL NOTICE OF	APPEAL FROM THE EXAMINER	Docket Number (Optional) 09614/000L098-US0			
	In re Application of	330.470002330 330			
	Tsutomu Kurokawa et al.				
-		16/12/ 200			
SECLIVED	Application Number	09/916,259			
7L (/	Application Number 09/976,259-Conf. #9702	October 12, 2001			
AUG 2 5 2004	FOR ELECTRICITY GENERATION EQUIPMENT MANAGEM				
	SYSTEM				
3600 aroup					
SIL NO.	Art Unit	Examiner			
•	3629	I. N. Borissov			
	, , , , , , , , , , , , , , , , , , , ,	,			
Applicant hereby appeals to the B	oard of Patent Appeals and Interferences	from the last decision of the examiner.			
	400 OFD 4 450 V	,			
The fee for this Notice of Appeal is (37 CFR 1.17(b))					
Applicant claims small entity: above is reduced by half, and	status. See 37 CFR 1.27. Therefore, the	fee shown			
A check in the amount of the	.	<u> </u>			
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Payment by credit card. Forr					
The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.					
Thave enclosed a duplicate o	opy of this sneet.				
	ized to charge any fees which may be req				
	0100 . I have enclosed a duplicate of				
A petition for an extension of	time under 37 CFR 1.136(a) (PTO/SB/22)	is enclosed.			
am the					
		MAIN (
applicant /inventor.	-	Signature			
assignee of record of the e	y Spirature				
is enclosed. (Form PTO/S		Richard J. Katz			
W attamania a a a a a a a a a		Typed or printed name			
x attorney or agent of record					
Registration number4	7,698	(212) 527-7700			
attorney or agent acting und	er 37 CFR 1.34(a).	Telephone number			
Registration number if acting u	August 17, 2004				
		Date			
OTF: Signatures of all the inventors	or assignees of record of the entire interest	or their representative(s) are required			

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